MEDICAL RECORD		CHRONOLOGICAL RECORD OF MEDICAL CARE						
DATE		SYMPTOMS,	DIAGNOSIS, TREATMEN	NT, TREATING ORGA	NIZATION (Sign e	ach entr	<i>y</i>)	
	Flu	Flu shot record - Dunham U.S. Army Health Clinic, Carlisle Barracks, PA 17013						
	Pati	Patient, please answer the following questions:						
	1. <i>A</i>	Are you allergic to eggs, chicken or Thimerosal (a preservative)? □ Yes □ No						
	2. <i>A</i>	2. Are you now sick, do you have a cold or a fever, or are you currently taking an antibiotic? ☐ Yes ☐ No						
	3. H	3. Have you ever been paralyzed with Guillain Barre Syndrome? ☐ Yes ☐ No						
	4. <i>A</i>	Are you pregnant? ☐ Yes [□ No □ NA (male)					
	To be completed by the medical staff:							
	Influ	enza virus vaccine was admin	istered to the patients. C	☐ No reaction was note	ed. The following	ng reaction	on was noted:	
HOSPITAL OR MEDICAL FACILITY		STATUS	DEPART./SERVICE	R	ECORDS	MAINTAINED AT		
SPONSOR'S NAME			SSN/ID NO.	RELATIONSHIP TO S	PONSOR			
PATIENT'S IDENTIFICAT	ON:	(For typed or written entries, give: Date of Birth; Rank/Grade.)	Name - last, first, middle; ID I	No or SSN; Sex;	REGISTER NO.		WARD NO.	

CHRONOLOGICAL RECORD OF MEDICAL CARE
Medical Record
STANDARD FORM 600 (Rev. 6-97)
Prescribed by GSA/ICMR FIRMR (41 CFR) 201-9.202.1

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)